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CONFIRMATION NO. 5294

<b>SERIAL NUMBER</b> 10/791,839	<b>FILING OR 371(c) DATE</b> 03/04/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 25734X
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**APPLICANTS**  
 Karl F. Popp, Schodack Landing, NY;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/698,431 11/03/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/24/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature: <i>W. J. F. F. F.</i> Initials: <i>WJF</i>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 64	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
20529

**TITLE**  
Antimicrobial topical compositions for treatment of rosacea

<b>FILING FEE RECEIVED</b> 1648	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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